

CITY OF YUMA

Building Safety Division One City Plaza Post Office Box 13013 Yuma, Arizona 85366-3013 (928) 373-5163 phone (928) 373-5164 fax

Application for Modular Building

		Pe	ermit #:	
Installation Address:		Lo	t #:	
Owner's Name:		Su	bdivision:	
Mailing Address:		 Ph	one #1	
City/State/Zip				
STATE APPROVA	L NUMBER:		····	
Unit Manufacturer:			Date/year built:	
VIN: #:			Size:	
Installer's Name:			License #:	
Mailing Address:			Telephone #:	
City/State/Zip:			Fax #:	
Please list your sub- below:	-contractors for electrical or fire sprinkler	rs to b e	e done at the ti	me of installation
	SUBCONTRACTOR NAME	L	ICENSE #	PHONE #
Pit				
Electric				
Fire Sprinklers				
Other				
Please remember that any work not applied for on this application must later be submitted for review by our office and receive a separate permit.				
Permit Purchaser Signature			Date	

When your unit is installed and is ready to be inspected, please call **373-5170** or fax **373-5164** for an inspection. Please have your permit number with you when you call, as it will be necessary to ensure you receive an inspection.